VZCZCXRO7392 RR RUEHBI RUEHCI DE RUEHLM #0568/01 1000545 ZNR UUUUU ZZH R 100545Z APR 06 FM AMEMBASSY COLOMBO TO RUEHC/SECSTATE WASHDC 3072 INFO RUCPDOC/USDOC WASHDC RUEHBK/AMEMBASSY BANGKOK 2937 RUEHBJ/AMEMBASSY BEIJING 1195 RUEHKA/AMEMBASSY DHAKA 9085 RUEHHI/AMEMBASSY HANOI 0075 RUEHIL/AMEMBASSY ISLAMABAD 5974 RUEHKT/AMEMBASSY KATHMANDU 4008 RUEHNE/AMEMBASSY NEW DELHI 9483 RUEHKP/AMCONSUL KARACHI 2002 RUEHCI/AMCONSUL CALCUTTA 0153 RUEHCG/AMCONSUL CHENNAI 6520 RUEHBI/AMCONSUL MUMBAI 4440 RUEHGV/USMISSION GENEVA 1118 RUEHPH/CDC ATLANTA GA RUEHRC/DEPT OF AGRICULTURE WASHDC RUEAUSA/DEPT OF HHS WASHDC

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TAGS: TBIO KSTH ECON PREL SOCI WHO EAGR CASC MV SUBJECT: AVIAN INFLUENZA PREPARATIONS IN MALDIVES

- 11. (SBU) SUMMARY: Lack of a concentrated poultry sector keeps Maldives at low risk for highly pathogenic avian influenza (HPAI). At the same time, it also presents challenges for surveillance and detection in the case of infection due to inadequate animal testing facilities, underdeveloped quarantine and licensing standards, and the absence of national veterinary services. End Summary.
- 12. (SBU) RISK STATUS AND CURRENT PREPARATIONS: The Food and Agricultural Organization of the United Nations (FAO) classifies Maldives as a low risk country for AI due to the lack of a formal poultry and live animals sector, although some inhabitants keep wild birds as pets and a few chickens for household consumption. The FAO worked with Maldivian ministries to develop more stringent guidelines surrounding poultry-keeping to reduce risk, such as keeping roaming animals within demarcated areas. Maldives has protective gear equipment for 200 officials should the need arise to investigate birds suspected of contracting AI.
- 13. (U) COORDINATION: Maldives finalized its national preparedness plan in late March. According to Dr. Sheena Moosa, Director of Health Services for the Ministry of Health and designated AI point of contact, two technical committees currently exist to address the human and animal aspects of AI, as well as an inter-sectoral committee responsible for coordinating between relevant ministries such as tourism, finance, media, and trade.
- 14. (U) GAPS AND FUTURE STEPS: Moosa identified the need for isolation facilities to prevent the need for an infected person to be brought to the crowded capital island of Male. Maldives national referral hospital for AI, Indira Ghandhi Memorial Hospital, can conduct influenza A tests for humans with samples sent to Hong Kong for confirmation.
- 15. (U) Currently Maldives has no animal testing capabilities. While it has a building that meets the biosafety level 2 (BSL2) requirements for animal testing (a medium-level of biosecurity), it has no laboratory equipment, reagents, or

trained personnel for AI detection. The current designated reference laboratory for animals is in the United Kingdom.

- $\underline{\ \ \ }$ 6. (U) COMMUNICATION SYSTEMS: Regarding bird migrations after the wet season, Moosa reported coordinating with the
- Atolls Ministry to educate and establish two official contacts for each island, one for health and the other for animal issues. Two-day trainings have been administered to five of the twenty atolls, which consist of 10 to 20 inhabited islands each. An agriculture hotline has been set up to report unusual bird deaths. The previously established health reporting system through atoll clinics will alert the Ministry of Health of possible human infections.
- 17. (U) FAO RECOMMENDATIONS: EconIntern met with Dr. G.N, Gongal, a veterinary expert and FAO consultant invited from Nepal to assess the Maldivian and Sri Lankan preparedness. Gongal recommended integrating AI surveillance and detection measures into existing institutions, stressing the need for capacity-building in laboratory and quarantine sectors. He also made the following recommendations:
- -Inviting Maldivian officials to Sri Lankan workshops and promoting their participation in regional and international forums on agriculture as a cost-effective means of training. Under WHO guidelines for safe testing of influenza A, Maldives can utilize their BSL2 facility (noted previously) if technicians are trained properly in the highest biosafety level (BSL3) standards of procedure.
- -Integrating both aquatic and animal quarantine into the public laboratory currently overseeing plant quarantines,

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and strengthening import licensing standards.

- -Utilizing the well-functioning health information systems for veterinary information, since there is no national veterinary service. Precedents are already established in Maldives for using this system to report sick animals. (Note: The Department of Agriculture feels it should have animal surveillance under its jurisdiction, but given the lack of poultry, low population, and limited resources of this archipelago nation, utilizing existing resources in its AI preparedness plan rather than creating new responsibilities within multiple ministries might be a better approach. End Note.)
- 18. (U) MALDIVIAN GOVERNMENT: Gongal described government officials as cooperative, and added that AI preparation efforts were getting financial support from the Ministry of Finance. Moosa affirmed that the Maldivian government had designated some funds in addition to requesting the Department of External Resources to identify other potential sources of funds. Moosa also mentioned the possibility of WHO assistance.
- ¶9. (SBU) COMMENT: As a small nation of hundreds of islands (many uninhabited), Maldives presents special problems in surveillance of AI. However, its minimal poultry population spread out over vast distances of ocean (which itself provides significant protection against a pandemic) contributes to its low risk status for AI. Adapting existing resources and including Maldives officials in regional workshops and training could be a cost-effective way to assist Maldives in becoming as prepared as possible. Assisting Maldives to develop appropriate monitoring systems for its wildlife would also bolster regional security efforts against AI outbreaks. End Comment.